

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032252

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4194

FILED AUG 20 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3889	
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4 0	
5 1	
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9981X	
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1271-3	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 42 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRAYBEAL JEWELRY STORE 4746 PROSPECT AVENUE		d. STREET ADDRESS (If outside, give location) 6640 AGNES AVENUE	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last MARTIN LUTHER GRAYBEAL		4. DATE OF DEATH Month Day Year July 24 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/10/1894
9. AGE (last birthday) 68		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER AND OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY JEWELRY STORE	
11. BIRTHPLACE (City and state or country) LANISING NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME D. M. GRAYBEAL		13b. MOTHER'S MAIDEN NAME MARY A. JONES	
14. NAME OF HUSBAND OR WIFE MARIE GRAYBEAL		Address KANSAS CITY, MISSOURI 6640 AGNES AVENUE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO.	
17. INFORMANT MARIE GRAYBEAL		Interval between ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock &amp; Hemorrhage</i> DUE TO (b) <i>Bullet Wounds Chest</i> DUE TO (c) <i></i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot by an unknown</i>	
20c. TIME OF INJURY Hour a.m. p.m. 7-2463	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Jewelry Store Kansas City Jackson mo</i>		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 7:49A. _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh A Owens Coroner</i>		22b. ADDRESS <i>152 Union Station</i>	
22c. DATE SIGNED <i>7-24-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JULY-26-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FLORAL HILLS CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i>
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>7-26-63</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

USE BLACK INK

OR

TYPEWRITER RIBBON

MEDICAL CERTIFICATION

H. OWENS

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold D. Rich*

Licensed Embalmer No.

*4998*

P. O. Address

*K. R. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.